

CERTIFICATE FOR DIRECT REPATRIATION FOR EPW
For use of this form, see AR 190-8; the proponent agency is DCSPER.

FROM:

TO:

The undersigned make up the medical command of a US general hospital. They have examined the EPW named herein and have agreed that he/she is eligible for repatriation according to the medical agreement in the GPW of 1949.

NAME (Last, first, MI)		GRADE
SERVICE NUMBER	INTERMENT SERIAL NUMBER	DATE OF BIRTH

STATUS

☐ MEDICAL: ☐ LITTER ☐ AMBULANT
☐ SURGICAL: ☐ LOCKED WARD ☐ OPEN ☐ ISOLATION
☐ NEUROPSYCHIATRIC

FINAL DIAGNOSIS

PLACE OF EXAMINATION	DATE
TYPED NAME OF COMMANDING OFFICER	SIGNATURE
TYPED NAME OF EXECUTIVE OFFICER	SIGNATURE
TYPED NAME OF CHIEF OF SERVICE	SIGNATURE